

CLAIMS ONLY

Application Number

10-501165

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		1		1		
6		2		1		
7		2		1		
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48						
49						
50						
Total Indep	1		1			
Total Depend	8	←	6	←	←	←
Total Claims	9		7			

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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Total Indep						
Total Depend		←		←	←	←
Total Claims						